



California  
Department of  
Health Services

**SANDRA SHEWRY**  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



**ARNOLD SCHWARZENEGGER**  
Governor

CHIP Letter : 05-I-C  
RHS Letter : 05-I-R  
Date Issued : June 8, 2005

**TO: CALIFORNIA HEALTHCARE FOR INDIGENTS PROGRAM (CHIP) AND  
RURAL HEALTH SERVICES (RHS) PROGRAM CONTACTS**

**SUBJECT: DOCUMENTS/REPORTS DUE FOR FISCAL YEAR (FY) 2005-06**

Enclosed is a listing of the documents/reports required to be completed by all counties participating in the FY 2005-06 CHIP/RHS Program, pursuant to Welfare and Institutions Code, Sections 16916, 16938, and 16980. Please note that the California Department of Health Services (CDHS) is required to withhold CHIP/RHS Program payments until the required documents/reports are submitted.

We encourage counties to submit the documents/reports to the CDHS by the due dates specified in the enclosed listing, so our staff can review and approve the documents/reports without delaying the payment process. Please be aware that in some instances the submissions of multiple documents/reports are necessary before a CHIP/RHS Program payment is authorized. To ensure timely review by our staff, the documents/reports must be complete, reflect the information necessary for CDHS approval, specify a contact person for questions regarding its preparation, and be signed by the appropriate county official(s).

Counties are encouraged to go to the CHIP/RHS Program website to obtain all necessary report instructions and forms. The CHIP/RHS County letters can be viewed at:

[http://www.dhs.ca.gov/hisp/ochs/chsu/CHIPRHS\\_County\\_Letters.htm](http://www.dhs.ca.gov/hisp/ochs/chsu/CHIPRHS_County_Letters.htm)

These documents are available in Microsoft Word/Excel or Adobe Acrobat formats.

CHIP/RHS Program Contacts

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If you have any questions or anticipate a delay in the submission of any of these documents/reports, do not hesitate to contact your County Health Services or Medically Indigent Care and Reporting Systems' analyst at (916) 552-8016.

Sincerely,

**ORIGINAL SIGNED BY NANCY E. HAYWARD**

Nancy E. Hayward, Chief  
Medically Indigent Services Section

Enclosure

cc: Mr. Gregory A. Franklin, M.H.A.  
Deputy Director  
California Department  
of Health Services  
Health Information and  
Strategic Planning Division  
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P.O. Box 997413  
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Executive Administrator  
California Department  
of Health Services  
California Conference of Local  
Health Officers  
MS 7003  
P.O. Box 997413  
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Ms. Judith Reigel  
Executive Officer  
County Health Executives  
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Sacramento, CA 95814

County Auditor-Controller Contacts

Board of Supervisors Contacts

**FISCAL YEAR (FY) 2005-06**  
**California Healthcare for Indigents Program (CHIP)**  
**Rural Health Services (RHS) Program**  
**Due Dates and Payment Month(s)**

<b><u>Document/Report</u></b>	<b><u>Due Dates</u></b>	<b><u>Payment Month(s)</u></b>
FY 2003-04 MICRS Actual Annual <b>AND</b> FY 2005-06 CHIP/RHS Application	06-30-05  09-15-05	July-November
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FY 2004-05 Preliminary Annual Trust Fund	11-15-05	December
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FY 2005-06 CHIP/RHS Expenditure Description	12-15-05	January
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FY 2005-06 CHIP/RHS Executed Standard Agreement	01-15-06	February-April
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FY 2004-05 Report of Actual Financial Data <b>AND</b> FY 2004-05 Final Annual Trust Fund	04-15-06  04-15-06	May-June